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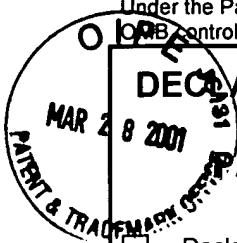


PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	TEL-003
		First Named Inventor	Barry M. Arons
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		<i>COMPLETE IF KNOWN</i>	
		Application Number	09/747,026
		Filing Date	12/20/2000
		Group Art Unit	2641
		Examiner Name	unknown

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TRANSCRIPTION AND REPORTING SYSTEM

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

12/20/2000

as United States Application Number or PCT International

Application Number **09/747,026** and was amended on (MM/DD/YYYY) ☐ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

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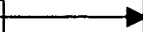
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **0 2 4 4 8 8** 

Place Customer
Number Bar
Code Label here

OR ☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.


Direct all correspondence to: ☒ Customer Number or Bar Code Label **0 2 4 4 8 8** OR ☐ Correspondence address below

Name					
Address					
City		State		ZIP	
Country		Telephone	+1 (408) 451-5900	Fax	+1 (408) 451-5908

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname			
Barry M.		Arons			
Inventor's Signature					Date
Residence: City	Mountain View	State	CA	Country	US
Post Office Address	100 N. Whisman Rd., #1912				
Post Office Address					
City	Mountain View	State	CA	ZIP	94043-4926
Country	US				

☒ Additional inventors are being named on the TWO supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

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+

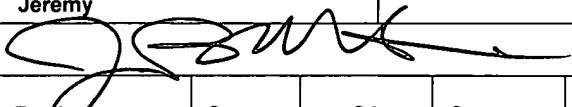
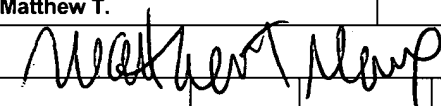
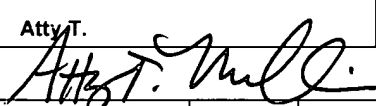
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<p>DECLARATION</p>	<p>ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u></p>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jeremy				Belldina			
Inventor's Signature						Date	
						3/2/01	
Residence: City		Burlingame	State	CA	Country	US	Citizenship
							US
Post Office Address		1015 Cadillac Way, #213					
Post Office Address							
City		Burlingame	State	CA	ZIP	94010	Country
							US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Matthew T.				Marx			
Inventor's Signature						Date	
						3/26/2001	
City		Mountain View	State	CA	Country	US	Citizenship
							US
Post Office Address		100 N. Whisman Rd., #3617					
Post Office Address							
City		Mountain View	State	CA	ZIP	94043	Country
							US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Atty T.				Mullins			
Inventor's Signature						Date	
						3/13/01	
City		Santa Fe	State	NM	Country	US	Citizenship
							US
Post Office Address		424 Delgado Lane					
Post Office Address							
City		Santa Fe	State	NM	ZIP	87501	Country
							US

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname							
Haleh				Partovi							
Inventor's Signature						Date		3/12/01			
Residence: City		Hillsborough		State		CA		Country		US	
Post Office Address		1164 Barroilhet Avenue									
Post Office Address											
City		Hillsborough		State		CA		ZIP		94010	
Country										US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname							
Orion A				Reblitz-Richardson							
Inventor's Signature						Date		3/9/2001			
City		Mountain View		State		CA		Country		US	
Post Office Address		1541 Montalto Drive									
Post Office Address											
City		Mountain View		State		CA		ZIP		94040	
Country										US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname							
Inventor's Signature						Date					
City				State				Country			
Post Office Address											
Post Office Address											
City				State				ZIP			
Country											

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